

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Denis BABIN
Title: NOZZLE END FOR MULTIPLE
TIPPED INJECTION MOLDING
NOZZLE
Appl. No.: New U.S. Utility Application
Filing Date: January 23, 2002
Examiner: Unassigned
Art Unit: Unassigned

UTILITY PATENT APPLICATION
TRANSMITTAL

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Denis BABIN
39 Early Street
Georgetown
Ontario L7G 5W8, Canada

☐ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (12 pages).
- ☒ Formal drawings (16 sheets, Figures 1-2, 3a-3g, 4, 5a-5c, 6 and 7a-7b).
- ☒ Unexecuted Declaration and Power of Attorney (3 pages).
- ☐ Assignment of the invention to _____.
- ☐ Assignment Recordation Cover Sheet.
- ☐ Small Entity statement.
- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).

☒ Information Disclosure Statement, Form PTO/SB/08 with copy of 1 listed reference.

☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$740.00	\$740.00
Total Claims:	17	- 20	= 0	x \$18.00	= \$0.00
Independents:	3	- 3	= 0	x \$84.00	= \$0.00
If any Multiple Dependent Claim(s) present:				+ \$280.00	= \$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration and late payment of filing fee				+ \$130.00	= \$130.00
				SUBTOTAL:	= \$870.00
				[] Small Entity Fees Apply (subtract ½ of above):	= \$0.00
				TOTAL FILING FEE:	= \$870.00

[] A check in the amount of \$0.00 to cover the filing fee is enclosed.

☒ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

[] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date JAN 2 3 2002

By 

FOLEY & LARDNER
Customer Number: 22428



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